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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
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Phone : (800)906-9220
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

Mr Gold Jewelry Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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To:

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From: Veronica Gonzalez

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11/7/2024 10:46:19 AM PAGE 1/001 Fax Server

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November 7, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLSTATE CORPORATE SERVICES CORP

SUBJECT: MR GOLD JEWELRY INC
REF: W24000150756

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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Rickey L Richardson
Regulatory Specialist II
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FAX Aud. #: H24000355865
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MR. GOLD JEWELRY INC

ARTICLE II PRINCIPAL OFFICE

Principal address
3701 S. Orange Blossom Tr.
Orlando FL 32839

Mailing address, if different is:
3701 S. Orange Blossom Tr.
Orlando FL 32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Hornedo- President
Address: 3701 S. Orange Blossom Tr.
Orlando FL 32839

Name and Title:
Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Luis Hornedo
Address: 3701 S. Orange Blossom Tr.
Orlando FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Hornedo
Address: 3701 S. Orange Blossom Tr.
Orlando FL 32839

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature]
Required Signature/Registered Agent

10/24/24
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

[Signature]
Required Signature/Incorporator

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